

# Art Experiences 2013 Registration/Information Form

Artist: \_\_\_\_\_ M / F \_\_\_\_\_ \*Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Name M.I. Last Name Gender \*5 year olds must have completed Kindergarten

Address: \_\_\_\_\_  
 Street City Zip Code

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell / Work Phone: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

## PICK-UP AUTHORIZATIONS: I authorize only the following person(s) to pick up my child (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## SPECIAL HEALTH CONSIDERATIONS STAFF NEED TO BE AWARE OF (allergies, physical limitations, etc.):

*\*Medications will not be administered at Art Experiences without a completed Medication Release Form on file.*

**PHOTO RELEASE:** I grant the City of Burbank permission to use my or my child(ren)'s photographs and images for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for the use of these photographs and that these images shall be the sole property of the City of Burbank.

**PARENT CONSENT:** I give permission for my child to participate in the City of Burbank Park, Recreation and Community Services Department's Art Experiences program, including trips by van or bus. I agree to hold harmless the City of Burbank, its employees, officials and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in Art Experiences.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL EMERGENCY TREATMENT CONSENT:** As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand that the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Mail-In Registration:

Select desired sessions below and send payment and any required documentation to: Art Experiences Registration, Creative Arts Center, P.O. Box 6459, Burbank CA 91510. See brochure for further information.

| SESSION SELECTION                                      |                        | OFFICE USE ONLY     |           | CREDIT CARD PAYMENT<br>INFORMATION                                 |
|--------------------------------------------------------|------------------------|---------------------|-----------|--------------------------------------------------------------------|
| <i>* No Art Experiences offered the week of July 1</i> |                        | Check# / CC<br>Auth | Receipt # |                                                                    |
| <input type="checkbox"/> 1 – THAT'S ENTERTAINMENT      | 6201.503<br>JUNE 3-7   |                     |           | <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD |
| <input type="checkbox"/> 2 – TIME TRAVELERS            | 6202.503<br>JUNE 10-14 |                     |           | Card Number:                                                       |
| <input type="checkbox"/> 3 – EXPLORE EUROPE            | 6203.503<br>JUNE 17-21 |                     |           | Expiration Date:                                                   |
| <input type="checkbox"/> 4 – WILD WEST                 | 6204.503<br>JUNE 24-28 |                     |           | Cardholder Signature:                                              |
| <input type="checkbox"/> 5 – BORN IN THE U.S.A.        | 6205.503<br>JULY 8-12  |                     |           | Billing Address (if different from above)                          |
| <input type="checkbox"/> 6 – I LOVE THE 80'S           | 6206.503<br>JULY 15-19 |                     |           |                                                                    |
| <input type="checkbox"/> 7 – SURF SAFARI               | 6207.503<br>JULY 22-26 |                     |           |                                                                    |